

PERMISSION TO REVIEW AUDIO VIDEO RECORDINGS FOR EDUCATIONAL PURPOSES

While in the simulation lab, you may participate in realistic simulated cases of medical events and/or simulated debriefings that may be audio and/or video recorded for review as part of the educational experience.

By signing below, I acknowledge that Loyola University New Orleans will use and store AV recordings for educational purposes. I understand that I may request access to view these recordings by appointment with my instructor and the lab director but do not maintain ownership of said records.

Name: _____

CWID: _____

Date: _____